

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

FOR: HEALTH CARE FINANCING ADMINISTRATION

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

1. TRANSMITTAL NUMBER:
04-05

2. STATE
Oregon

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE
SOCIAL SECURITY ACT (MEDICAID) Medical Assistance

4. PROPOSED EFFECTIVE DATE
April 1, 2004

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN ☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN ☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:
Federal Register, Vol. 69, No. 30

7. FEDERAL BUDGET IMPACT:
a. FFY \$ -0-
b. FFY \$ -0-

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:
Supplemental 1 to Attachment 2.6-A, Page 6

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable):
Supplemental 1 to Attachment 2.6-A, Page 6

10. SUBJECT OF AMENDMENT: This transmittal is being submitted to reflect the increase in the Federal Poverty Level for groups of Qualified Medicare Beneficiaries (QMB).

11. GOVERNOR'S REVIEW (Check One):

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☒ OTHER, AS SPECIFIED:

12. SIGNATURE OF STATE AGENCY OFFICIAL:

Lynn Read *Jean Thorne*
13. TYPED NAME Lynn Read Jean Thorne

14. TITLE: Administrator, OMAP Director, DHS

15. DATE SUBMITTED: 2-27-04

16. RETURN TO:

Office of Medical Assistance Programs
Department of Human Services
500 Summer Street NE, 3rd Floor, E35
Salem, OR 97301

ATTN: Carole Van Eck

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: MAR -1 2004

18. DATE APPROVED: MAR 25 2004

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:
APR -1 2004

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME: Karen S. O'Connor

22. TITLE: Associate Regional Administrator
Division of Medicaid &
Children's Health

23. REMARKS:

Oregon (04-05)
approved: 03/25/04
effective: 04/01/04
RECEIVED

MAR 01 2004

Revision: HCFA-PM-91-4 (BPD)
AUGUST 1991

Transmittal #04-05
SUPPLEMENT 1 TO ATTACHMENT 2.6-A
Page 6
OMB No.: 0938-

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Oregon

INCOME ELIGIBILITY LEVELS (continued)

C. QUALIFIED MEDICARE BENEFICIARIES WITH INCOMES RELATED TO FEDERAL POVERTY LEVEL

The level for determining income eligibility for groups of qualified Medicare beneficiaries under the provisions of Section 1905(p)(2)(A) of the Act are as follows:

1. Non-Section 1902(f) States

- a. Based on the following percent of the official Federal income poverty level:

Eff. Jan. 1, 1992: 100 percent

- b. Levels:

<u>Family Size</u>	<u>Income Level</u>
1	\$776
2	1,041

TN No. 04-05
Supersedes TN No. 03-07

Approved:

Effective Date: 4/1/04